

# UTAH COUNTIES INDEMNITY POOL

## MEMBERSHIP APPLICATION

Name of Sponsoring County:

Name of Entity:

Address:

City:

State:

ZIP Code:

Contact Name:

Phone Number:

Email:

Description of Operations:

Entity Operating Under Utah Code:

Date Created:

Total Building Values:

Total Contents Values:

Total Computer Equipment Values:

Total Mobile Equipment Values:

Total Miscellaneous Property Values:

Total Automobile Values:

Number of Licensed Vehicles:

Number of Full-Time Employees:

Total Annual Payroll:

Total Expenditures:

### ATTACH THE FOLLOWING SCHEDULES TO THIS APPLICATION

☐ Property

☐ Mobile Equipment

☐ Automobile

☐ Annual Budget

☐ 5-Year Loss History

☐ Current Insurance Certificate

### NOTES

Additional underwriting information may be required. Membership requires approval of the UCIP Board of Directors.

### SIGNATURES

I affirm that the information provided on this form is true and accurate to the best of my knowledge.

Signature of Authorized Representative:

Date:

#### Submit to:

Marty Stevens, Operations Specialist  
Utah Counties Indemnity Pool  
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